GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:1114
ANSWERED ON:04.12.2015
MMR and IMR
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the scheme formulated by the Government to reduce the reportedly alarming Maternal Mortality Rate (MMR) and Infant Mortality Rates (IMR) in the Country;

(b) whether the Government has devised any special measures to bring down the MMR and IMR in the rural areas of various States/UTs including Uttar Pradesh, Jharkhand, Madhya Pradesh and Bihar; and

(c) if so, the details thereof along with the MMR and IMR reported under the Millennium Development Goal (MDG) during each of the last three years and the current year across the country, State/UTwise?

Answer

ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)
(a) & (b): The key steps to accelerate reduction of Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) under the National Health Mission (NHM) particularly to rural population throughout the country, with a special focus on States with weak public health indicators including States of Uttar Pradesh, Jharkhand, Madhya Pradesh and Bihar are as under:
? Promotion of institutional deliveries through Janani Suraksha Yojana.
? Janani Shishu Suraksha Karyakaram (JSSK) has been launched on 1st June, 2011, which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for ante-natal and post−natal complications during pregnancy and all sick infants accessing public health institutions for treatment.
? Capacity building of MBBS doctors in Anesthesia (LSAS) and Obstetric Care including C-section (EmOC) skills to overcome the shortage of specialists in these disciplines, particularly in rural areas.
? Capacity buildings of SNs & ANMs in Skilled Birth Attendant (SBA) and DAKSHATA programme to equip them for managing normal deliveries, identify complications, do basic management and then refer at the earliest to higher facilities.

? To strengthen the quality of training, a new initiative has been taken for setting up of Skill Labs with earmarked skill stations for different training programs in the states for which necessary allocation of funds is made under NHM.
? Operationalization of adequate number of Primary Health Centres for providing 24 x7 basic emergency obstetric care services.
? Operationalization of adequate number of FRUs to provide 24 X 7 comprehensive emergency obstetric care services.
? Establishing Maternal and Child Health (MCH) Wings at high caseload facilities to improve the quality of care provided to mothers and children.
? Name Based Web enabled Tracking of Pregnant Women and New born babies so that provision of regular and complete services to them can be ensured.
? Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children.
? Engagement of more than 9.15 lakhs Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.
? Village Health and Nutrition Days in rural areas as an outreach activity, for provision of maternal and child health services.
? Operationalization of Comprehensive Abortion Care Services and Reproductive Tract Infections and Sexually Transmitted Infections (RTI/STI) at health facilities with a focus on "Delivery Points".
? Over 21,000 ambulances are being supported under NHM to interalia transport pregnant women to institution for delivery and also for referral.
? Newer operational guidelines have been prepared and disseminated to the States for Screening for Diagnosis & management of Gestational Diabetes Mellitus, Hypothyroidism during pregnancy, Calcium supplementation during pregnancy and lactation, De-worming during pregnancy, Maternal Near Miss Review, Screening for Syphilis during pregnancy, Guidance note on use of Uterotonic during labor and Guidance note on prevention and management of PPH.
? Facility Based Newborn Care (FBNC) at different levels to reduce child morbidity and mortality by setting up of facilities for care of sick newborn such as Special New Born Care Units (SNCUs), Newborn Stabilization Units (NBSUs) and Newborn Care Corners (NBCCs) at different levels is a thrust area under NHM.
? Home Based Newborn Care (HBNC) through ASHAs has been initiated to improve new born practices at the community level and early detection and referral of sick new born babies.

? India Newborn Action Plan (INAP) has been launched with an aim to reduce neonatal mortality and stillbirths.
? Newer interventions to reduce newborn mortality- Vitamin K injection at birth, Antenatal corticosteroids for preterm labour, kangaroo mother care and injection gentamicin to young infants in cases of suspected sepsis.
? Intensified Diarrhoea Control Fortnight (IDCF) is being observed to focus on ORS and Zinc distribution for management of diarrhoea and feeding practices.
? Integrated Action Plan for Pneumonia and Diarrhoea (IAPPD) launched in four states with highest child mortality (UP, MP, Bihar and Rajasthan).
? Nutritional Rehabilitation Centres (NRCs) have been established for management of severe acute malnutrition in children.
? Appropriate Infant and Young Child Feeding practices are being promoted in convergence with Ministry of Woman and Child Development.
? Rashtriya Bal Swasthya Karyakram (RBSK) for health screening and early intervention services has been operationalized to provide comprehensive care to all the children in the age group of 0-18 years in the community. The purpose of these services is to improve the overall quality of life of children through early detection of birth defects, diseases, deficiencies, development delays including disability.
? Under National Iron Plus Initiative (NIPI), through life cycle approach, age and dose specific IFA supplementation programme is being implemented for the prevention of anaemia among the vulnerable age groups like under-5 children, children of 6−10 years of age group, adolescents, pregnant & lactating women and women in reproductive age along with treatment of anaemic children and pregnant mothers at health facilities.
? Various trainings are being conducted under NHM to train doctors, nurses and ANMs for essential newborn care, early diagnosis and case management of common ailments of children. These trainings are on Navjaat Shishu, Suraksha Karyakram (NSSK), Integrated Management of Neonatal and Childhood Illnesses (IMNCI), Facility Based Newborn Care (FBNC), Infant and Young Child Feeding practices (IYCF), etc.
? Reproductive Maternal Newborn Child Health + Adolescent (RMNCH+A) interventions for achieving improved maternal and child health outcomes through continuum of care across life cycle.
? Further to sharpen the focus on the low performing districts, 184 High Priority Districts (HPDs) have been identified. These districts would receive higher per capita funding, relaxed norms, enhanced monitoring and focussed supportive supervision, and encouraged to adopt innovative approaches to address their peculiar health challenges.
(c): As per the latest report of the Registrar General of India, Sample Registration System (RGI-SRS), Maternal Mortality Ratio (MMR) of India has shown a decline from 212 per 100,000 live births in the period 2007-09 to 178 per 100,000 live births in the period 2010-12 to 167 per 100,000 live births in the period 2011-13. State wise MMR is placed at Annexure I.
Infant Mortality Rate (IMR) of India has declined from 44 per 1,000 live births in 2011 to 42 per 1,000 live births in 2012 to 40 per 1,000 live births in 2013 as per the latest report of the Registrar General of India, Sample Registration System. State/UTs wise IMR is placed at Annexure II.
ANNEXURE-I

Maternal Mortality Ratio: India and State wise
(Source: RGI (SRS) 2007-09, 2010-12, 2011-13)

Major State	MMR(SRS) (2007-09)	MMR(SRS) (2010-12)	(2011-13)
India Total *	212	178	167
Assam	390	328	300
Bihar	261	219	208
Jharkhand	261	219	208
MP	269	230	221
Chhattisgarh	269	230	221
Orissa	258	235	222
Rajasthan	318	255	244
Uttar Pradesh	359	292	285
Uttaranchal	359	292	285
Andhra Pradesh	134	110	92
Karnataka	178	144	133
Kerala	81	66	61
Tamil Nadu	97	90	79
Gujarat	148	122	112
Haryana	153	146	127
Maharashtra	104	87	68
Punjab	172	155	141
West Bengal	145	117	113
*Others	160	136	126

*: Includes Others

ANNEXURE-II
Infant Mortality Rate: India and State/UTs wise
(Source: RGI (SRS) 2011, 2012, 2013)

Sr. No	State/UTs	2011	2012	2013
	India	44	42	40
1	Bihar	44	43	42
2	Chhattisgarh	48	47	46

3 Himachal Pradesh 38 36 35
4 Jammu & Kashmir 41 39 37
5 Jharkhand 39 38 37
6 Madhya Pradesh 59 56 54
7 Odisha 57 53 51
8 Rajasthan 52 49 47
9 Uttar Pradesh 57 53 50
10 Uttarakhand 36 34 32
11 Arunachal Pradesh 32 33 32
12 Assam 55 55 54
13 Manipur 11 10 10
14 Meghalaya 52 49 47
15 Mizoram 34 35 35
16 Nagaland 21 18 18
17 Sikkim 26 24 22
18 Tripura 29 28 26
19 Andhra Pradesh 43 41 39
20 Goa 11 10 9
21 Gujarat 41 38 36
22 Haryana 44 42 41
23 Karnataka 35 32 31
24 Kerala 12 12 12
25 Maharashtra 25 25 24
26 Punjab 30 28 26
27 Tamil Nadu 22 21 21
28 West Bengal 32 32 31
29 A & N Islands 23 24 24
30 Chandigarh 20 20 21
31 D & N Haveli 35 33 31
32 Daman & Diu 22 22 20
33 Delhi 28 25 24
34 Lakshadweep 24 24 24
35 Pondicherry 19 17 17